STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses Coloration Received RECEIVED

(RSA Chapter 15)

PLEASE PRINT

MAY U4 2017

I. Name of Lobbyist(s)	Bryan K. Gould	-	_	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's par	rtnership, firm or corpor	ation, if any:		
(Name of	Cleveland, Waters an partnership, firm or corporati	d Bass, P.A		
Two Can	ital Plaza, P.O. Box 11	137. Concord	1. NH 03302-1137	
Business Address: (Street)		wn/City)	(State)	(Zip Code)
(603) 224-7761 (Telephone)	(603) 2	24-6457 (Fax)	e-mail goul	db@cwbpa.com
III. This statement covers reportable expense transa				u may file a separate report for
🛭 All reportable transacti	ons occurring in the month	ns prior to the i	reporting date relative	to the following client:
Pharmac	eutical Research and	Manufacture	ers of America	
	ill Name of Client as it appear	rs on the Lobbyi	st Registration Form)	. ,
OR All reportable transaction unrelated to any particular		ing the lobbyis	t's family), or the lobb	ying firm listed below which are
	pril 26, 2017 $ $	31/17 a	July 26, 2017 Cativity from 4/1/17 to 6/3	
	ctober 25, 2017 ity from 7/1/17 to 9/30/17	Ü	January 31, 2018 activity from 10/1/17 to 1	
V. There have been no If this box is checked, component, NH 03301.				ce the last report. \Box ce. State House, Room 204,
VI. Check if additional re	eports are attached:			
X If you have received for	ees or made expenditures,	you must file A	ddendum A- Fees an	nd Expenses
If you have paid an ho Expense Reimbursement	norarium or reimbursed ex	cpenses, you m	ust file Addendum B-	- Report of Honorariums or
·	our family has made politic	cal contribution	ns, you must file Adde	endum C- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of (Signature of lobbyist) Bryan K. Gould (Print Name of lobbyist)	15-B, RSA 14-C and RSA f my knowledge and belief		y swear or affirm that $\frac{5-1-1}{}$	the foregoing information is true (Date)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Cleveland, Waters and Bass, P.A.		
(Name of partnership, tirm or corporation)		
III. Name of Client Pharmaceutical Research and Manufacturers of America	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations oss fee a	s, or public relations ser mount reported shall n
a) Total of all fees received in this reporting period	a) \$	8,450.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ _ ear)	0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	8,450.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ _	8,450.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and may be f e aggrega xpenses; le: meals ss than \$ ed with a porting per ue of gre er than \$; , expense	If expenditures are mailed for the lobbyist(s), the total of all expenses (b) the aggregate total of purchased during a bus 10 that is given to the p value of \$25.00 or less) iod of greater than \$25.00 ater than \$25, but not greater than a reimbursement, or policities the lobby in the serious policies.
a) Total aggregate expenses for this reporting period for salaries, benefits,	a) \$	0.00
support staff, and office expenses, related directly or indirectly to lobbying.		
support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00

d) Total expenses for this reporting period	d) \$
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
State of New Hampshire Lobbyist Registration Fee	\$50.00
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
Thave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	ii that the foregoing information
Began K. Gould	5-1-17
(Signature of lobbyist)	(Date)
Bryan K. Gould	
(Print Name of lobbyist)	